10316

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 322

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) none
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Accomack
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Onley
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Bailey

4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1951

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb. 24th 1893

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Accomack County Va

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob Bailey

14. MOTHER'S MAIDEN NAME: Mary Jane West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Sudden Death

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J.A. Rademaker (Degree or title) M.D. ADDRESS 502 No Dw. Salisbury Md DATE SIGNED 10/23/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Oct. 25, 1951 — NAME OF CEMETERY OR CREMATORY St. Luke Cemetery — LOCATION (City, town, or county) Daugherty (State) Virginia

DATE REC'D BY LOCAL REG. 10-27-51 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR J. Edgar Thomas — ADDRESS Accomac, Va

950-306

RECEIVED
OCT 30 1951
BUREAU V. S.

10317

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

2 Gilmore

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural, give location) 203 Elizabeth Street

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Virginia (Last) Baker
4. DATE OF DEATH (Month) October (Day) 28 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 7-6-1883
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Sussex County - Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harvey T. Ward
14. MOTHER'S MAIDEN NAME Catherine Hastings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Monroe Baker - Delmar, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Artery Occlusion	5 hours
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Artery Atherosclerosis	Symptom 3 yrs.
93d	(c) Hypertension, Essential	3 "
	Hypertensive Heart Disease	" "

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 28, 1951, to Oct. 28, 1951, that I last saw the deceased alive on Oct. 28, 1951, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
David Bilmore M.D. Salisbury Md. Oct. 29, 1951

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 11-1-51
NAME OF CEMETERY ~~OR CREMATORY~~ Mt. Olive
LOCATION (City, town, or county) (State) Delmar, Del.

DATE REC'D BY LOCAL REG. 10-30-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR ADDRESS W. S. Harvel Co. - Delmar, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 1 1951
BUREAU V. S.

10318

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY WICOMICO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SALISBURY
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS PENINSULA GENERAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WICOMICO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HEBRON
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) HANDY (Last) BAKER
4. DATE OF DEATH (Month) 10 (Day) 13 (Year) 1951
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED
8. DATE OF BIRTH 6-15-1880
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LUMBER
10b. KIND OF BUSINESS OR INDUSTRY MILL
11. BIRTHPLACE (State or foreign country) DELAWARE
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME JACOB W. BAKER
14. MOTHER'S MAIDEN NAME AUGUSTA KNOWLES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS MRS ERNEST SULLIVAN - DELMAR

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral vascular accident	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	? years
	(c)	

331X
83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ASHD

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1951, to Oct 13, 1951, that I last saw the deceased alive on Oct 13, 1951, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry Mattax, M.D. ADDRESS Salisbury, Md. DATE SIGNED 10/15/51

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 10-16-51
NAME OF CEMETERY OR CREMATORY HEBRON
LOCATION (City, town, or county) (State) HEBRON - MARYLAND

DATE REC'D BY LOCAL REG. 10-15-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR W. S. Marvel Co. - Delmar, Del. ADDRESS

950-306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 17 1951
BUREAU V. S.

10319

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD#2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
STREET ADDRESS (If rural give location) RD#2

3. NAME OF DECEASED (Type or Print) (First) Marcus (Middle) Enoch (Last) Brinson
4. DATE OF DEATH (Month) Oct. (Day) 11 (Year) 51

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug. 8
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Truck Farm
11. BIRTHPLACE (State or foreign country) Arapaho, NC
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edward Brinson
14. MOTHER'S MAIDEN NAME Martha Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Clarissa E. Brinson (Wife)

18. MEDICAL CERTIFICATION RD. #1 Eden Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J A Rademaker (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED 10/12/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Oct. 15 51 NAME OF CEMETERY OR CREMATORY Parsons Cem. LOCATION (City, town, or county) Salisbury Md (State)

DATE REC'D BY LOCAL REG. 10-15-51 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md
100-105 Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10320

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Milly		Cannon	October 13 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	Colored		about 1884	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	At home	Unknown	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Waters	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No No	None	Mrs. Ethel Cannon, Fruitland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemmorhage

331 X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & Hypertension

832 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-4, 1951, to 10-13-, 1951, that I last saw the deceased alive on 10/12, 1951, and that death occurred at 2:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Carrie L. Hearn MD	203 W Chester St	10/14/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-16-51	St. Mary's Cemetery	West Post Office Somerset Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-15-51	Mary W. Holloway	James E. Caskill	Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
OCT 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place) [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Carolyn	(Middle) [illegible]	(Last) Carnagie	4. DATE OF DEATH	(Month) 10 (Day) 2 (Year) 1951
5. SEX [illegible]	6. COLOR OR RACE [illegible]	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]	8. DATE OF BIRTH 6-22-46	9. AGE last birthday 5 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) [illegible]	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Samuel Carnagie			14. MOTHER'S MAIDEN NAME Edna [illegible]		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT [illegible]		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Wilms' tumor

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

180 X

52 a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION May 1951	19b. MAJOR FINDINGS OF OPERATION Wilms' tumor	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Oct. 20, 1951, that I last saw the deceased alive on Oct. 20, 1951, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Emrich	MD	Helen-Md.	Oct 2-51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) [illegible]	DATE THEREOF 10-4-51	NAME OF CEMETERY OR CREMATORY [illegible]	LOCATION (City, town, or county) [illegible] (State)
DATE REC'D BY LOCAL REG. 10-3-51	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR [illegible]	ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the [redacted] of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 506 Telegraph St.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Edward (Last) Colona
4. DATE OF DEATH (Month) (Day) (Year): October 17 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Feb 24-1891
9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber at Barber Shop
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greentactoville Va. W.S.A.
12. CITIZEN OF WHAT COUNTRY:

13. FATHER'S NAME: William Colona
14. MOTHER'S MAIDEN NAME: Emma Cherry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Louise E. Colona (Wife) 506 Telegraph St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Peripheral circulatory collapse

155X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adeno-carcinoma of common bile duct

46 f (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-12-51.
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of bile duct.
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-8, 1951, to 10-17, 1951, that I last saw the deceased alive on 10-17, 1951, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William H. Fisher Jr. — ADDRESS: Salisbury Md. — DATE SIGNED: 10-18-51

23. BURIAL, CREMATION REMOVAL (Specify): — DATE THEREOF: Oct. 18-51 — NAME OF CEMETERY OR CREMATORY: Parsons Cem. — LOCATION (City, town, or county) (State): Salisbury Md.

DATE REC'D BY LOCAL REG.: 10-18-51 — REGISTRAR'S SIGNATURE: [illegible] Holloway — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible] Md.

Items 10,11,14 FilmG136 10/18/51 vw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 372

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 mos - 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) R.F.D. #2 Box 371

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Cook
4. DATE OF DEATH: (Month) Oct (Day) 1 (Year) 1951

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH:
9. AGE last birthday: 64 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gentleman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): An. Ar. Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Cook, Joseph E. Sr
14. MOTHER'S MAIDEN NAME: Edna Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uraemia due to Pyelonephritis. — Interval between onset and death: 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) C-N-S. Syphilis. — 2
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertension C-V-D — 2

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-18, 1951, to 10-1, 1951, that I last saw the deceased alive on 10-1, 1951, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Deer's Head State Hospital DATE SIGNED: 10/1/51

23. BURIAL, CREMATION, REMOVAL (Specify):
DATE THEREOF:
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 10-1-51
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: ADDRESS:

10324

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

Baltimore

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury. LENGTH OF STAY (in this place) 28 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Somerset.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sally (Middle) Ann (Last) Corbett
4. DATE OF DEATH (Month) (Day) (Year) October 9 1951
5. SEX Female.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 11, 1868
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William F. Phillips
14. MOTHER'S MAIDEN NAME Estelle Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Mrs Mervin Richardson Princess Anne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Artery Thrombosis — Interval Between Onset and Death: 4 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

61 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Known 2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE David J. Gelvin (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED Oct. 10, 1951

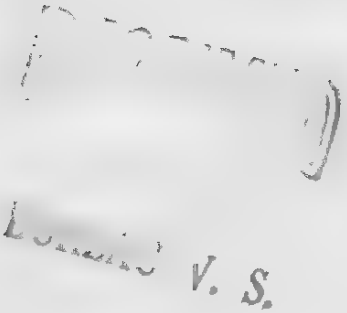
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-11-1951
NAME OF CEMETERY OR CREMATORY Wenona Cemetery
LOCATION (City, town, or county) (State) Wenona, Md.

DATE REC'D BY LOCAL REG. 10-11-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Leon R. Wilson ADDRESS Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quantico Route 1 — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Route 1 Quantico
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) James (Last) Dashiell

4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: AA

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 8-12-1895

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Pasterville Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leary Dashiell

14. MOTHER'S MAIDEN NAME: Olivia Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 213-24-1894

17. INFORMANT AND ADDRESS: Cornelia Dashiell Quantico, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 20th, 1951, to Oct. 10th, 1951, that I last saw the deceased alive on Oct. 10th, 1951, and that death occurred at 3.45 A m., from the causes and on the date stated above.

SIGNATURE: William Emrich (Degree or title) M.D. ADDRESS: Helen Md. DATE SIGNED: Oct. 12-51.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10-14-51 | NAME OF CEMETERY OR CREMATORY: Pasterville Cemetery | LOCATION (City, town, or county) (State): Pasterville Md.

DATE REC'D BY LOCAL REG.: 10-15-51 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR: James B Dashiell ADDRESS: Salisbury Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 hrs. 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 115 East William St.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ALICE (Last) DAVIS
4. DATE OF DEATH (Month) 10 (Day) 7 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 19, 1886
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Pittsville
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Truitt
14. MOTHER'S MAIDEN NAME Amanda Farlow.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Joseph. S. Davis, Salisbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Hex. & Glaucoma; Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1951, to Oct 7, 1951 that I last saw the deceased alive on Oct 7, 1951, and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED Oct. 8, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/8/51
NAME OF CEMETERY OR CREMATORY Pittsville
LOCATION (City, town, or county) Pittsville, (State) Md.

DATE REC'D BY LOCAL REG. 10-10-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS George C. Hill Jr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 1951
Library V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

332

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Worcester COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital	STREET ADDRESS (If rural, give location)
3. NAME OF DECEASED (Type or Print) (First) Eddie (Middle) (Last) ~~Day~~ Day	4. DATE OF DEATH (Month) Oct. (Day) 20 (Year) 1951
5. SEX MALE — 6. COLOR OR RACE COLORED — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH unknown — 9. AGE last birthday about 60 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer — 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Unknown — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)	16. SOCIAL SECURITY No. — 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Peritonitis, sec. 2 Rupture of Jejunum. sec — 12 hours

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Contusion of abdomen

1700 (c) Crush Fracture of Tibia & Fibula, left — 12 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway #13 — (CITY OR TOWN) Bishop, (COUNTY) Worcester (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 19, 1951 6:40 P.M. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Struck by Car while walking on highway

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Hermanle. Dahlius, Md. Med Ex. — ADDRESS 5 Bay. St. Berlin — DATE SIGNED 10-22-51

23. BURIAL, CREMATION REMOVAL (Specify) buried — DATE THEREOF 10-23-51 — NAME OF CEMETERY OR CREMATORY Sara Duker Burial Ground — LOCATION (City, town, or county) Bishop, Md. (State)

DATE REC'D BY LOCAL REG. 10/24 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR James B. Dashiell, Salisbury, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Wicomico — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
   LENGTH OF STAY (in this place): 20 Yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 318 Light St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
   STREET ADDRESS (If rural, give location): 318 Light St.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) CLAUDE (Last) DAYTON

4. DATE OF DEATH: (Month) 10 (Day) 2 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 13, 1876

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John H. Dayton

14. MOTHER'S MAIDEN NAME: Sarah Jane Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Edith Dayton 318 Light St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 2 hrs.

431 X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

530 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, to 10-2, 1951, that I last saw the deceased alive on 10-2, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE: Hugh G. Tuck (Degree or title) ADDRESS: Salisbury Md DATE SIGNED: 10-5-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/5/51 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REG.: 10-8-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: The Gill & Johnson Co. — ADDRESS: Salisbury, Md.

70-448

Write Salisbury Registrar — ?
whether a burial permit obtained,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH · COUNTY: Wicomico — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vienna - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital	STREET ADDRESS (If rural, give location): Reid's Grove

3. NAME OF DECEASED (Type or Print)	(First) Ernest	(Middle)	(Last) Dennis, Jr. Twin #2	4. DATE OF DEATH	(Month) October	(Day) X1	(Year) 1951
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: August 9, 1951	9. AGE last birthday: yrs.	If under 1 year: Months 1	Days 23	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant	10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): Salisbury, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Ernest Dennis	14. MOTHER'S MAIDEN NAME: Martha Brown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Ernest Dennis, Jr., Vienna, Md., R.F.D.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 14 Hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diarrhea - non-specific

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 10-1, 1951, and that death occurred at 11:55 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert M. Hidey Jr.	M.D.	Peninsula Gen'l Hospital	10-2-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Oct. 2, 1951	NAME OF CEMETERY OR CREMATORY: Reid's Grove Cemetery	LOCATION (City, town, or county) (State): Reid's Grove, Maryland
DATE REC'D BY LOCAL REG.: 10-2-51	REGISTRAR'S SIGNATURE: Mary W. Holloway	24. FUNERAL DIRECTOR: J.J. Framptom and Son, Federalsburg, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

2 L. Bcf.

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury.
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print) (First) Jerusalem (Middle) Ray (Last) Ellis

4. DATE OF DEATH (Month) October (Day) 29 (Year) 1951

5. SEX Female.
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) married
8. DATE OF BIRTH 6-6-1882
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Amelia Trwitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Wm. R. Stephens - Hebron, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Hemorrhagic Pancreatitis — INTERVAL BETWEEN ONSET AND DEATH 7 days (seven)

7.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Obesity

12.8 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10.24.51
19b. MAJOR FINDINGS OF OPERATION Acute Hemorrhagic Pancreatitis
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.24, 1951, to 10.29, 1951, that I last saw the deceased alive on 10.28, 1951, and that death occurred at 1:05 A.m., from the causes and on the date stated above.

SIGNATURE H. M. Beale (Degree or title) MD ADDRESS 504 N Division St DATE SIGNED 10.30.51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF 10-31-51
NAME OF CEMETERY ~~OR CREMATORY~~ H. P. Cemetery
LOCATION (City, town, or county) (State) Delmar, Del.

DATE REC'D BY LOCAL REG. 10-30-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR W. S. Havel Co. - Delmar, Del. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 1 1951
BUREAU V. S.

10331

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] | LENGTH OF STAY (in this place) 10 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 1951

5. SEX [illegible] | 6. COLOR OR RACE [illegible] | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible] | 8. DATE OF BIRTH [illegible] 1892 | 9. AGE last birthday [illegible] yrs. | If under 1 year: Months 5 Days 16 | If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] | 10b. KIND OF BUSINESS OR INDUSTRY [illegible] | 11. BIRTHPLACE (State or foreign country) [illegible] | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME [illegible]

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible] | 16. SOCIAL SECURITY No. — | 17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute pulmonary edema — Interval between onset and death: [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Rheumatic Heart Disease — Interval between onset and death: [illegible]
(c) Chr. cardiac decomp. & generalized edema — Interval between onset and death: [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION [illegible] | 19b. MAJOR FINDINGS OF OPERATION [illegible] | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) [illegible] | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [illegible] | (CITY OR TOWN) [illegible] | (COUNTY) [illegible] | (STATE) [illegible]

TIME OF INJURY (Month) [illegible] (Day) [illegible] (Year) [illegible] (Hour) [illegible] m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from Apr. 23, 1951, to Oct 16, 1951, that I last saw the deceased alive on Oct. 16, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE William D Gray | (Degree or title) M.D. | ADDRESS [illegible] Md | DATE SIGNED 10/17/51

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible] | DATE THEREOF 10/17/51 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) [illegible] | (State) [illegible]

DATE REC'D BY LOCAL REG. 10-17-51 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] | ADDRESS [illegible]

1332

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) Off.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. (Delmar Road)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
STREET ADDRESS (If rural, give location) R.D. #1. Hebron Md.

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) Gardiner (Last) Fleming
4. DATE OF DEATH (Month) October (Day) 29 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 1 1869
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm Farm
11. BIRTHPLACE (State or foreign country) Wicomico Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George O. Fleming
14. MOTHER'S MAIDEN NAME Sarah Jane Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY No. 1
17. INFORMANT AND ADDRESS Mrs. Lula [illegible] (daughter) R.D. #3. Delmar Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Uremia	1 month
411 2 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	arteriosclerosis renal artery	Seventy years
131a	(c)	Arteriosclerosis	"

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10 1950, to 6/25, 1951, that I last saw the deceased alive on 6/25, 1951, and that death occurred at 7 a. m., from the causes and on the date stated above.

SIGNATURE Ernest Larman (Degree or title) M.D. ADDRESS Delmar, Del. DATE SIGNED 10/30/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 11-31-51 NAME OF CEMETERY OR CREMATORY Pittsville M.E. Ch. LOCATION (City, town, or county) Pittsville Md. (State)

DATE REC'D BY LOCAL REG. 11-31-51 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway Co. Salisbury Md. ADDRESS Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3 mo 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
STREET ADDRESS (If rural, give location) RFD #1.

3. NAME OF DECEASED (Type or Print) (First) Ruth (Middle) C (Last) Gregory
4. DATE OF DEATH (Month) Oct (Day) 10 (Year) 1951
5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct 26, 1892
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D C
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Mahoney
14. MOTHER'S MAIDEN NAME Catherine Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardiovasc. Disease — 3 yrs

432.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerosis General — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia due to thrombosis of m. cerebral artery. — 2 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1951, to Oct 10, 1951, that I last saw the deceased alive on Oct 10, 1951, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

SIGNATURE Noel A. Paar Mdr. (Degree or title) ADDRESS Deer's Head State Hosp., Salisbury, Md. DATE SIGNED 10/10/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 15, 1951
NAME OF CEMETERY OR CREMATORY Mt Calvary
LOCATION (City, town, or county) Cedar Hill, Md. (State)
DATE REC'D BY LOCAL REG. 10/12/51
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR William Reese, II — 108 Washington St. Annapolis, Md.
ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 36½ yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 311 South Division St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 311 South Division St.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) SIMONS (Last) HASTINGS

4. DATE OF DEATH: (Month) 10 (Day) 22 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 22, 1877

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Hastings

14. MOTHER'S MAIDEN NAME: Unknow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Harry Hastings 311 South Division St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 10 days

332 X 331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/20 1951, to 10/22 1951, that I last saw the deceased alive on 10/22 1951 and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Fred R. Pearce M.D. | ADDRESS Salisbury, Md. | DATE SIGNED 10/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/24/51 | NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Park | LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG. 10-23-51 | REGISTRAR'S SIGNATURE Murphy W. Holloway

24. FUNERAL DIRECTOR: The Hill & Johnson Co. Salisbury, Md. | ADDRESS

George C. Hill

OCT 25 1951

BUREAU V. S.

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10235

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WICOMICO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SALISBURY — LENGTH OF STAY (In this place) 59 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SALISBURY
HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 East William St.	STREET ADDRESS (If rural, give location) 308 East William St.

3. NAME OF DECEASED (Type or Print)	(First) LINNA	(Middle) THORINGTON	(Last) HEARN	4. DATE OF DEATH	(Month) 10	(Day) 12	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Nov.17,1867	9. AGE last birthday 83 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William W. Thorington		14. MOTHER'S MAIDEN NAME Susan Conaway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Miss. Marion Nock 308 L. William St.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchi - Pneumonia	12 hrs
421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Valvular Heart Disease, Chronic Nephritis,	6 yrs
	(c) advanced Arthritis	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, to 10/12, 1951, that I last saw the deceased alive on 10/12, 1951, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry R Mann Dr MD — ADDRESS Salisbury Md — DATE SIGNED 10/13/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 10/15/51	NAME OF CEMETERY OR CREMATORY Parsons Cemetery	LOCATION (City, town, or county) (State) Salisbury, Maryland
DATE REC'D BY LOCAL REG. 10-13-51	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR The Hill & Johnson Co. Salisbury, Maryland	ADDRESS George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10336

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 532

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Accomack
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chincoteague Va
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Cecil (Middle) (Last) Hickman
4. DATE OF DEATH (Month) (Day) (Year): October 28 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Dec 2, 1910
9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employee
10b. KIND OF BUSINESS OR INDUSTRY: Ship Service — Naval Air Station
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Asa T. Hickman
14. MOTHER'S MAIDEN NAME: Reda V. Watson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Cecil Hickman - Chincoteague Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset and Death: onset unknown

602X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Renal calculi bilateral (Staghorn)
134a (c) Nephrolithotomy - right

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: October 25, 1951
19b. MAJOR FINDINGS OF OPERATION: Renal Calculus - lower pole right kidney
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19, 19.51, to Oct 28, 19.51, that I last saw the deceased alive on Oct 28, 19.51, and that death occurred at 11:15 P m., from the causes and on the date stated above.

SIGNATURE: Edward P. Smith (Degree or title) M.D. ADDRESS Salisbury Md Peninsula General Hospital DATE SIGNED Oct 29 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct 31 1951
NAME OF CEMETERY OR ~~CREMATORY~~: Tidsons
LOCATION (City, town, or county) (State): New Church, Va
DATE REC'D BY LOCAL REG.: 10-31-51
REGISTRAR'S SIGNATURE: Vivian M. Holloway
24. FUNERAL DIRECTOR: Walter M. Clark ADDRESS: Chincoteague Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV 2
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) Most of life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS 303 Second Street	STREET ADDRESS (If rural, give location) 303 Second Street

3. NAME OF DECEASED (Type or Print)	(First) Lula	(Middle) Horsey	(Last) Holland	4. DATE OF DEATH (Month) 10 (Day) 16 (Year) 1951
5. SEX Female	6. COLOR OR RACE A. A.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH about 1891	9. AGE last birthday about 60yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework - Cooking	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Accomac Co., Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Frank Horsey		14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Miss Louise Johnson, 303 2nd St., Salis. Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Dehydration, Anemia	3 months
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Carcinoma of Breast	
(c)	with metastases	year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1951, to Oct. 16, 1951, that I last saw the deceased alive on Oct. 14, 1951, and that death occurred at 7 15 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. Herbert Sembly	M.D.	Salisbury Md	10/18/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-21-'51	St. Mary's Cemetery	West Post Office, Som. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-19-51	Mary W. Holloway	James B. Darkiell	Salisbury, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest Town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deerhead State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 312 W Main St

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Marie (Last) Horsey
4. DATE OF DEATH: (Month) 10 (Day) 18 (Year) 1951
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 11-27-62
9. AGE last birthday: 88 yrs. If under 1 year: Months 11 Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Noah Tawes.
14. MOTHER'S MAIDEN NAME: Rhoda Nelson.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic pneumonia.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis.

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 1 week (b) 2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-18, 1951, to 10-18, 1951, that I last saw the deceased alive on 10-18-51, 19....., and that death occurred at 9:08 P m., from the causes and on the date stated above.

SIGNATURE: Robert Jones. (Degree or title) MD ADDRESS Deerhead State Hosp DATE SIGNED 10-18-51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF [illegible] — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 10-20-51 — REGISTRAR'S SIGNATURE: Marshall Mowbray — 24. FUNERAL DIRECTOR — ADDRESS

10 A.M.

31

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wetipquin — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wetipquin
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Handy (Middle) L (Last) Hull
4. DATE OF DEATH: (Month) Oct (Day) 22 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: Col.
7. ~~SINGLE~~, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 1869
9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Wetipquin
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Sidney Hull
14. MOTHER'S MAIDEN NAME: Mary Horsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Lenord Hull

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 3 days

331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19th, 1951, to Oct. 21, 1951, that I last saw the deceased alive on Oct. 21st, 1951, and that death occurred at 10.00 A.m., from the causes and on the date stated above.

SIGNATURE: William Emrich (Degree or title) M.D. — ADDRESS: Helena Md. — DATE SIGNED: Oct 23-51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF: 10-24-51 — NAME OF CEMETERY OR CREMATORY: Odd Fellows Cem — LOCATION (City, town, or county): Wetipquin (State): Md.
DATE REC'D BY LOCAL REG.: 10-24-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: Booker M. West — ADDRESS: Johnny Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

1931

BU[illegible] V. S.

10340

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2112

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) M (Last) HURLEY

4. DATE OF DEATH: (Month) Oct. (Day) 30 (Year) 1951

5. SEX: [illegible]

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: [illegible]

9. AGE last birthday: [illegible] yrs. If under 1 year: Months 2 Days 4 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible] Hurley

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause (6) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 27th, 1951, to Oct. 28th, 1951, that I last saw the deceased alive on Oct. 28th, 1951, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE: William Emrich (Degree or title) M. D. ADDRESS: Helvue Md. DATE SIGNED: Oct. 30th 51

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]

DATE THEREOF [illegible]

NAME OF CEMETERY OR CREMATORY [illegible]

LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 10-31-51

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

RECEIVED
NOV 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

260X

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61

1. PLACE OF DEATH: COUNTY ... MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
LENGTH OF STAY (In this place) ...
HOSPITAL OR INSTITUTION OR STREET ADDRESS ...

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ... COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
STREET ADDRESS (If rural, give location) ...

3. NAME OF DECEASED (Type or Print): (First) ... (Middle) ... (Last) ...

4. DATE OF DEATH: (Month) ... (Day) ... (Year) ...

5. SEX ...

6. COLOR OR RACE ...

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ...

8. DATE OF BIRTH ...

9. AGE last birthday ... yrs. If under 1 year: Months ... Days ... If under 24 hrs: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ...

10b. KIND OF BUSINESS OR INDUSTRY ...

11. BIRTHPLACE (State or foreign country) ...

12. CITIZEN OF WHAT COUNTRY? ...

13. FATHER'S NAME ...

14. MOTHER'S MAIDEN NAME ...

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ... (If yes, give war or dates of service) ...

16. SOCIAL SECURITY NO. ...

17. INFORMANT AND ADDRESS ...

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ... INTERVAL BETWEEN ONSET AND DEATH ...

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ...

(c) ...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ...

19a. DATE OF OPERATION ...

19b. MAJOR FINDINGS OF OPERATION ...

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. ...

PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) ... (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) (Day) (Year) (Hour) ... m. ...

INJURY OCCURRED While at work ☐ Not while at work ☐ ...

HOW DID INJURY OCCUR? ...

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE ... (Degree or title) ... ADDRESS ... DATE SIGNED ...

23. BURIAL, CREMATION, REMOVAL (Specify) ... DATE THEREOF ... NAME OF CEMETERY OR CREMATORY ... LOCATION (City, town, or county) ... (State) ...

DATE REC'D BY LOCAL REG. ... REGISTRAR'S SIGNATURE ... 24. FUNERAL DIRECTOR ... ADDRESS ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 532

1. PLACE OF DEATH: COUNTY: Wicomico; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 6weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): West Over Hills

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Essie	Mae	Jones	10	13	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	A. A.	Child	8-14-'47	4 yrs.	1	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Meridian, Mississippi	Child

13. FATHER'S NAME: Leroy Jones
14. MOTHER'S MAIDEN NAME: Wartlee Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	None	Mrs. Wartlee Jones, Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronco pneumonia — Interval between onset and death: Not known

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

107

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

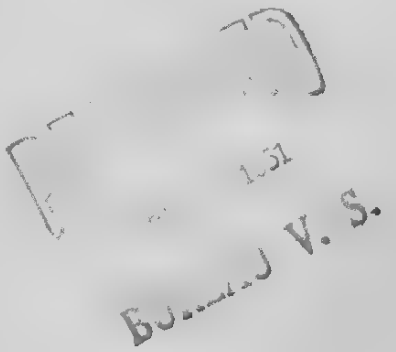
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/13, 1951, to 10/13, 1951, that I last saw the deceased alive on 10/13, 1951, and that death occurred at 4 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Arthur A. Browne - MD - Salisbury - Md 10-15-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-15-'51	Houston Cemetery	Salisbury, Wicomico Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-16-51	Mary W. Holloway	James Bradley	Salisbury, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

2 10-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke.
STREET ADDRESS (If rural, give location) 707 Second Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Brenda	Ann	Leffew.	October 10 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	May 25, 1950	1 yrs.	4			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
—	—	Maryland.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jesse Lee Leffew	Virginia Cutler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	—	Mrs Virginia Leffew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cystic fibrosis of the pancreas

5 : 2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

128 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 3, 19 51., to Oct. 10, 19 51., that I last saw the deceased alive on Oct. 10, 19 51., and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert M. Hiday	MD	Peninsula General Hosp	Oct. 10, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/12/51	Bethany M.E. Cemetery	Pocomoke, Worcester Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-11-51	Mary W. Holloway	Henry A. Watson	Pocomoke Md.

Dr Lowry

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1024

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 4	STREET ADDRESS R.D. # 4 (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)	
Lucian Tuck	Oct. 1	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Feb. 3-1852	99 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Father Tuck	Mother Tuck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs. E. L. [illegible] R.D. # 4 Laurel

18. MEDICAL CERTIFICATION R.D. # 4 Laurel

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
494.1 **Immediate cause** (a)	Cong. Heart Failure	3 mon.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
793 (c)	Senility	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-1950, 19....., to Death, 19....., that I last saw the deceased alive on 10-1-51, 19....., and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Lee L Lowry, M.D.	Fruitland	10-2-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Oct. 4-51	[illegible]	[illegible] Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-4-51	Mary L. Atteway	[illegible]	[illegible]

RECEIVED
OCT 8 1951
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH — COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible] Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) [illegible] (Day) 15 (Year) 1951

5. SEX [illegible]

6. COLOR OR RACE [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH — 1882

9. AGE last birthday 69 yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Berlin, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Zach Briddell

14. MOTHER'S MAIDEN NAME Rachel —?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Rev. Coffee Stockton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Miliary tuberculosis — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) poss. pulmonary tuberculosis — 10 yrs. +

13b (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ASHD; uremia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9, 1951, to Oct 15, 1951, that I last saw the deceased alive on Oct 15, 1951, and that death occurred at 4:40 A.m., from the causes and on the date stated above.

SIGNATURE Harry Mattox (Degree or title) M.D. — ADDRESS Salisbury, Md. — DATE SIGNED 10/15/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Oct. 17 1951 — NAME OF CEMETERY OR CREMATORY Home Beneficial Cemetery — LOCATION (City, town, or county) Stockton, Md (State)

DATE REC'D BY LOCAL REG. 10-17-51 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Irvine Bennett — ADDRESS Stockton, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke Route 2.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Donald (Middle) (Last) Merrill

4. DATE OF DEATH (Month) October (Day) 11 (Year) 1951

5. SEX Male
6. COLOR OR RACE colored.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan. 7, 1951
9. AGE last birthday yrs. If under 1 year Months 10 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Merrill
14. MOTHER'S MAIDEN NAME Willie Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS William Merrill - Pocomoke Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intussusception	3 days
570.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
122.6	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-10-, 1951, to 10-11-, 1951, that I last saw the deceased alive on 10-11-, 1951, and that death occurred at 9:40 A.m., from the causes and on the date stated above.

SIGNATURE Robert M. Hidey Jr. (Degree or title) MD ADDRESS Peninsula General Hosp. DATE SIGNED 10-11-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-12-51
NAME OF CEMETERY OR CREMATORY Unionville
LOCATION (City, town, or county) Pocomoke (State) Md.

DATE REC'D BY LOCAL REG. 10-11-51
REGISTRAR'S SIGNATURE Mary [illegible] Holloway
24. FUNERAL DIRECTOR Edgar Wharton ADDRESS New Church, Va.

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OCT 17 1951
BUREAU V. S.

10247

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 615 [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: [illegible] — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]
STREET ADDRESS (If rural, give location): 615 [illegible]

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): [illegible]
4. DATE OF DEATH (Month) (Day) (Year): [illegible] 1951

5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb. 28
9. AGE last birthday: 41 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 8 hours

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis — ?

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, essential — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1951, to Oct. 3rd, 1951, that I last saw the deceased alive on Oct. 3rd, 1951, and that death occurred at 10 30 A m., from the causes and on the date stated above.

SIGNATURE: L. V. Sohler (Degree or title) M.D. ADDRESS: Delmar, Del. DATE SIGNED: Oct. 5th, 1951.

23. BURIAL, CREMATION, REMOVAL (Specify):
DATE THEREOF: [illegible] 1951
NAME OF CEMETERY OR CREMATORY: [illegible]
LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: 10-5-51
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: [illegible]
ADDRESS: [illegible]

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 9 1951
BUREAU V. S.

10349

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

L. Motley

1. PLACE OF DEATH — COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury. — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland. — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury.
STREET ADDRESS (If rural, give location): 108 E Isabella Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Carol	anne	Rouse.	October 10 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	single	Dec 25, 1950	yrs.	9	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	Infant	Maryland	U. S. A

13. FATHER'S NAME: Richard Rouse
14. MOTHER'S MAIDEN NAME: Laurette Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr Richard Rouse Parker Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure, bronchopneumonia	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hydrocephalus congenital	since birth
	(c)	

75.2 X
157a

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 4, 1951, to Oct 10, 1951, that I last saw the deceased alive on Oct 10, 1951, and that death occurred at 6.27 p.m., from the causes and on the date stated above.

SIGNATURE: Harry Mottley (Degree or title) M.D. ADDRESS: Salisbury, Md. DATE SIGNED: 10/11/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/11/51	Parsons Cemetery	Salisbury	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-11-51	Mary W. Holloway	The Hill & Johnson Co. George C. Hill II	Salisbury Md

VS. A15.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physic[illegible]: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
MARYLAND
LENGTH OF STAY (in this place) 21 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fruitland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural, give location) Fruitland

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Clark (Last) Ryall

4. DATE OF DEATH: (Month) 10 (Day) 28 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 7, 1890

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Despencery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? A.

13. FATHER'S NAME: William J. Ryall

14. MOTHER'S MAIDEN NAME: Amelia Anne Dykes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 215-07-3636

17. INFORMANT AND ADDRESS: Mrs H. Clark Ryall Fruitland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 420.1

(c) Hypertension Years 74.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26-51, 19..., to death, 19..., that I last saw the deceased alive on 10-28-51, 19..., and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. L. Lowry MD ADDRESS Fruitland DATE SIGNED 10-28-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/30/51 — NAME OF CEMETERY OR CREMATORY: Saints Johns Cemetery — LOCATION (City, town, or county) (State): Fruitland, Maryland

DATE REC'D BY LOCAL REG. 10-30-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: The Hill & Johnson Co. — ADDRESS: Salisbury, Maryland

869 George C Hill II

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NOV 1 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (or rural, give location) 301 Broad street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) James (Last) Ryder
4. DATE OF DEATH: (Month) October (Day) 12 (Year) 1957
5. SEX: Male
6. COLOR OR RACE: AA
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 7 51
9. AGE last birthday: yrs. 4 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Salisbury Maryland
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Lawrence Ryder
14. MOTHER'S MAIDEN NAME: Dorthy Reid
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Dorthy Reid

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

4138 '07

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-12, 1951, to 10/12, 1957, that I last saw the deceased alive on 10/12, 1957, and that death occurred at 7:35 P m., from the causes and on the date stated above.

SIGNATURE: William D Gray (Degree or title) MD — ADDRESS: Salisbury Md — DATE SIGNED: 10/17/57

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10-15-57 — NAME OF CEMETERY OR CREMATORY: Quantico Cemetery — LOCATION (City, town, or county) (State): Quantico, Md.

DATE REC'D BY LOCAL REG. 10-15-57 — REGISTRAR'S SIGNATURE: Mary W. Robertson — 24. FUNERAL DIRECTOR: James B. Dashiell — ADDRESS: Salisbury, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 1. 1951
BUREAU V. S.

10350

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin Route 3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) (Last) Silby

4. DATE OF DEATH (Month) October (Day) 8 (Year) 1951

5. SEX Female
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 4 - 1896
9. AGE last birthday 53/1/4 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Berlin, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Parker
14. MOTHER'S MAIDEN NAME Mary Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mr Isiah Silby Berlin, Md Rural #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute pyelonephritis

133a (c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1951, to 10-8, 1951, that I last saw the deceased alive on 10-8, 1951, and that death occurred at 12:40 P.m., from the causes and on the date stated above.

SIGNATURE: Hugh A. Tusley (Degree or title) ADDRESS Salisbury Md DATE SIGNED 10-9-51

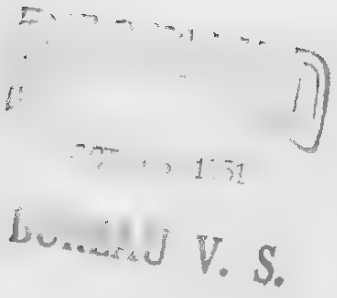
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 11/51
NAME OF CEMETERY OR CREMATORY St Peters
LOCATION (City, town, or county) Berlin (Rural) (State) Md

DATE REC'D BY LOCAL REG. 10-11-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Clay E. Timmis ADDRESS Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) R.D. # 3

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last) Shockley
4. DATE OF DEATH: (Month) Oct. (Day) 9 (Year) 1957

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 10-[illegible]-[illegible]
9. AGE last birthday yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours 3 | Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Salisbury Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Emory Shockley
14. MOTHER'S MAIDEN NAME: Alice Jeannette Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Atelectasis	3 hrs 35 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Prematurity	3 hrs. 35 min.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9, 1957, to Oct 9, 1957, that I last saw the deceased alive on Oct 9, 1957, and that death occurred at 1.25 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert M. Hoey Jr.	MD	Peninsula Gen. Hospital	10-9-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	10-9-51	Peninsula Gen. Hospital	Salisbury, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10-9-51	Maryd. Holloway	

VS. A15

OCT 11 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Lena Shockley
4. DATE OF DEATH (Month) (Day) (Year): October 29 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 1, 1884
9. AGE last birthday: 67 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Algie Bozman
14. MOTHER'S MAIDEN NAME: Mary Lawrence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Mrs Milbert Shockley Pr. Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Subarachnoid Hemorrhage — 20 days

330 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Phenia, nephrosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12, 1951, to Oct 29, 1951, that I last saw the deceased alive on Oct 29, 1951, and that death occurred at 2:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Oct 29 19

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct 31, 1951 — NAME OF CEMETERY OR CREMATORY: St Andrew Cemetery — LOCATION (City, town, or county) (State): Princess Anne, Md

DATE REC'D BY LOCAL REG.: 10-31-57 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: Lewis R. Wilson — ADDRESS: Princess Anne, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) Church St.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) E. (Last) Sieling
4. DATE OF DEATH (Month) (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	March 2 1877	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Registered Nurse	Nursing	Maryland	U.S.A.

13. FATHER'S NAME George W. King
14. MOTHER'S MAIDEN NAME Susan Seibert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	None	Frederick W. Sieling Jr. Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Artery Thrombosis — Interval Between Onset and Death: 2 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Arteriosclerosis — Symptoms 6 yrs.

60 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Symptoms 27 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 7, 1951, to Oct. 8, 1951, that I last saw the deceased alive on Oct. 7, 1951, and that death occurred at 6:55 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David J. Gilmore	M.D.	Salisbury Md.	Oct. 9, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/10/51	Christ Church Cemetery	Stanford, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-9-51	Mary W. Holloway	Easton Sons,	Ellicott City, Md.

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OCT 11 1951
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 mo 2 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 33 Taylor St.

3. NAME OF DECEASED (Type or Print) (First) Leroy (Lee) (Middle) (Last) Smith
4. DATE OF DEATH (Month) Oct. (Day) 9 (Year) 1951

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4/29/1907
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 215-16-2650
17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple myeloma

203 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

55 x (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 7, 1951, to Oct 9, 1951, that I last saw the deceased alive on Oct 9, 1951, and that death occurred at 9 55 A m., from the causes and on the date stated above.

SIGNATURE Axel A. Paar MD (Degree or title) ADDRESS Deer's Head State Hosp DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 13, 1951
NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery
LOCATION (City, town, or county) Annapolis, Maryland (State)

DATE REC'D BY LOCAL REG. 10/12/51
REGISTRAR'S SIGNATURE H.W. Hedrick Dmk
24. FUNERAL DIRECTOR William Keese, II-108 Washington St Annapolis, Md ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY: Wicomico; STATE: MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fruitland; LENGTH OF STAY (in this place): All life; HOSPITAL OR INSTITUTION OR STREET ADDRESS: At Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Wicomoco; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fruitland; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Howard (Last) Stanford, Jr.

4. DATE OF DEATH: (Month) 10 (Day) 18 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: A. A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby

8. DATE OF BIRTH: 7-31-'51

9. AGE last birthday: yrs. If under 1 year: Months 2, Days 17; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Peninsula General Hospital, Salis. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Howard Stanford, Sr.

14. MOTHER'S MAIDEN NAME: Pearl Mae Christopher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: James H. Stanford, Fruitland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Broncho PNEUMONIA

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) NOT KNOWN

(c)

INTERVAL BETWEEN ONSET AND DEATH: NOT KNOWN

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/18, 1951, to 10/18, 1951, that I last saw the deceased alive on 10/18, 1951, and that death occurred at 1:25 a.m., from the causes and on the date stated above.

SIGNATURE: Arthur D. Browne - M.D. (Degree or title) ADDRESS: Salisbury - Md. DATE SIGNED: 10/19/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 10-20-'51; NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery; LOCATION (City, town, or county) (State): Fruitland, Wicomico Co., Md.

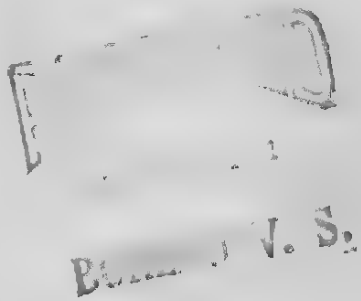
DATE REC'D BY LOCAL REG.: 10-20-51; REGISTRAR'S SIGNATURE: Maryjoe Hoffman

24. FUNERAL DIRECTOR: James B. Dashiell, Salisbury, Md. ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC

1050

Reg. Dist. No. 337

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, LENGTH OF STAY (in this place) 2 weeks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deerhead State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore.
STREET ADDRESS (If rural, give location) 100 W. Cold Spring Lane.

3. NAME OF DECEASED (Type or Print) (First) Birtruce (Middle) — (Last) Staton
4. DATE OF DEATH (Month) 10 (Day) 10 (Year) 1951
5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH 9-21-72
9. AGE last birthday 79. yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Janehew, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John A ~~Staton~~ Staton.
14. MOTHER'S MAIDEN NAME Smith.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331X	Immediate cause	(a) Cerebral hemorrhage	4 1/2 hrs.
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis, cerebral	?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema. ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-26-, 1951, to 10-10, 1951, that I last saw the deceased alive on 10-10, 1951, and that death occurred at 8.35 P.m., from the causes and on the date stated above.

SIGNATURE Robert J Gore (Degree or title) MD ADDRESS Deerhead State Hosp DATE SIGNED 10-10-51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Oct. 12, 1951 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 11-1-51 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR R Ellis Clark Per L Lyons ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 336

1. PLACE OF DEATH COUNTY: Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: [illegible] COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Delmar — LENGTH OF STAY (in this place): 30 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS: [illegible]	STREET ADDRESS (If rural, give location): [illegible]

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): [illegible]	4. DATE OF DEATH (Month) (Day) (Year): Oct 26 19[illegible]
5. SEX: [illegible] — 6. COLOR OR RACE: [illegible] — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible] — 8. DATE OF BIRTH: 6-2-1883 — 9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible] — 10b. KIND OF BUSINESS OR INDUSTRY: [illegible] — 11. BIRTHPLACE (State or foreign country): [illegible] — 12. CITIZEN OF WHAT COUNTRY? [illegible]	
13. FATHER'S NAME: Cyrus Massey	14. MOTHER'S MAIDEN NAME: [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible] — 16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 1 week

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — [illegible]

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible] — [illegible]

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/[illegible], 19[illegible], to 10/26, 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 5:30 P.M., from the causes and on the date stated above.

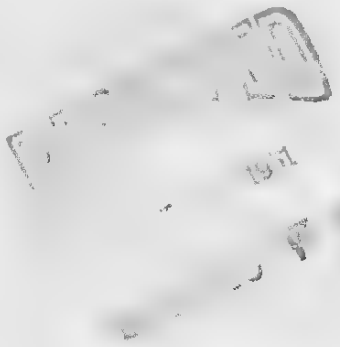
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest Larmore	M.D.	[illegible]	[illegible]

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF: [illegible]	NAME OF CEMETERY OR CREMATORY: [illegible]	LOCATION (City, town, or county) (State): [illegible]
DATE REC'D BY LOCAL REG.: October 30, 51	REGISTRAR'S SIGNATURE: Hunter Jackson	24. FUNERAL DIRECTOR: [illegible]	ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Timmons.
4. DATE OF DEATH (Month) (Day) (Year) October 31 1967

5. SEX Male
6. COLOR OR RACE Colored.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 10. 30. 51
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 13 Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Almeta Mae Timmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Almeta Mae Timmons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Encephalo malacia	all life
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) asphyxia	2 hrs.
160 c	(c) Breech extraction	at birth

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/30, 1951, to 10/31, 1951, that I last saw the deceased alive on 10/30, 1951, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

SIGNATURE Osborne Christensen (Degree or title) M.D. ADDRESS Salisbury, Md. DATE SIGNED 10/31/51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 31, 1951
NAME OF CEMETERY OR CREMATORY Taylors Gate
LOCATION (City, town, or county) (State) Snow Hill, Md.

DATE REC'D BY LOCAL REG. 10-31-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Clay E. Dennis, ADDRESS Snow Hill, Md.

2 - 3 1 1 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 2 1 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD.	STREET ADDRESS RD. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Etha (Middle) Ellie (Last) Tingle

4. DATE OF DEATH (Month) Oct. (Day) 31 (Year) 1951

5. SEX White

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Jan. 17-1882

9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (State or foreign country) Whitesville Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Solomon G. Smith

14. MOTHER'S MAIDEN NAME Hannah White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Miss Nellie Tingle (Daughter) RD. Pittsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	Less than 12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	Unknown
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Influenza Oct 13-1951 — 18 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 13, 1951, to Oct 31, 1951, that I last saw the deceased alive on Oct. 27, 1951, and that death occurred at 4.30 P.m., from the causes and on the date stated above.

SIGNATURE Hiram R Marsh Sr (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 11/2/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Nov. 2-51 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) Whitesville Del. (State)

DATE REC'D BY LOCAL REG. 11-2-51 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] Walter R. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY (Worcester)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Emma (Last) Truitt

4. DATE OF DEATH: (Month) October (Day) 21 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 2/7/1898

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lemuel Timmons

14. MOTHER'S MAIDEN NAME: Hettie Bowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Henry Truitt Berlin, Md. RFD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pyelonephritis

1717 48 a — Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epidermoid Carcinoma Cervix, Recurrent — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Colostomy 9/11/51

19b. MAJOR FINDINGS OF OPERATION: Obstruction Rectum, due to Recurrent Cervix Ca

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17, 19 51, to 10/21, 19 51, that I last saw the deceased alive on 10/21, 19 51, and that death occurred at 10:35 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Astrone Christensen M.D. — Salisbury, Maryland — 10/21/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 10/24/51 — NAME OF CEMETERY OR CREMATORY: Taylorville Cemetery — LOCATION (City, town, or county) (State): Worcester Co.

DATE REC'D BY LOCAL REG. 10-25-51 — REGISTRAR'S SIGNATURE: Mary W. Hennessy

24. FUNERAL DIRECTOR — ADDRESS: Anna A. Burbage

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Bond street

3. NAME OF DECEASED (Type or Print) (First) George (Middle) H. (Last) Truitt
4. DATE OF DEATH (Month) Oct. (Day) 20 (Year) 51
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH June 22-1883
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lt. Pow
10b. KIND OF BUSINESS OR INDUSTRY Ice Plant
11. BIRTHPLACE (State or foreign country) Parsonsburg, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Kendall H. Truitt
14. MOTHER'S MAIDEN NAME Mary Ellen Givans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Annie C. [illegible] (Sister) R.D. Parsonsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lacerated Brain — 7 hrs

903.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Skull — 7 hrs

1.5 [illegible] (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Healing scar of coronary occlusion — unknown

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY street
(CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 10-19-51 9 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fainted or fell on sidewalk striking head

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L A Rademaker (Degree or title) MD ADDRESS 502 Bodlw. Salisbury Md DATE SIGNED 10/22/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Oct. 22-51 NAME OF CEMETERY OR CREMATORY Parsonsburg Cem. LOCATION (City, town, or county) Parsonsburg (State) Md.

DATE REC'D BY LOCAL REG. 10-22-51 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR Holloway [illegible] ADDRESS Md.

[illegible] Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS, A15A

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Powellville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Henry (Last) Truitt
4. DATE OF DEATH (Month) Oct. (Day) 2 (Year) 51

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 7-1933
9. AGE last birthday 18 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer at Lumber Mill
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Libertytown Md.
12. CITIZEN OF WHAT COUNTRY P.

13. FATHER'S NAME Elmer Truitt
14. MOTHER'S MAIDEN NAME Sadie Truitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Elmer Truitt (Father)

18. MEDICAL CERTIFICATION Powellville Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Gastroenteritis — INTERVAL BETWEEN ONSET AND DEATH 6 days

511.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

120a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death P.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J.O. Nodermaker (Degree or title) Deputy Medical Examiner; ADDRESS 50? N. Division St. Salisbury, Maryland DATE SIGNED 10/3/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Oct. 5-51 NAME OF CEMETERY OR CREMATORY Perdue Cem. LOCATION (City, town or county) Near Powellville (State) Md.

DATE REC'D BY LOCAL REG. 10 5-51 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR H. Holloway & Co. Salisbury Md. ADDRESS

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10365

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY: Wicomico — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Willards R.F.D. — LENGTH OF STAY (in this place): 46 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Willards
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓	STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print): (First) Levin (Middle) Handy (Last) Tyne

4. DATE OF DEATH: (Month) Oct. (Day) 11 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 28 1877

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Former Operated own farm

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Peter Tyne

14. MOTHER'S MAIDEN NAME: Elizabeth Niblett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If year, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT AND ADDRESS: Charlott E. Tyne Willard Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of stomach — 2 years

Antecedent cause(s)

151X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach causing obstruction —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from August, 1947, to Day of death 19..., that I last saw the deceased alive on 10-11-51, 19..., and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE: Frank Lewis (Degree or title) M.A. — ADDRESS: Willards Maryland — DATE SIGNED: 10-17-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Oct. 13, 1951 — NAME OF CEMETERY OR CREMATORY: Riverside — LOCATION (City, town, or county): Berlin R.F.D. (State) Md.

DATE REC'D BY LOCAL REG.: 10-17-51 — REGISTRAR'S SIGNATURE: Mary H. Holloway

24. FUNERAL DIRECTOR: Peter Whaley — ADDRESS: Selbyville Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 532

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rose Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Rose Street

3. NAME OF DECEASED (Type or Print) (First) Aaron (Middle) (Last) Waters

4. DATE OF DEATH (Month) 10 (Day) 11 (Year) 1951

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 5-22-51

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME [illegible]

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute fulminating broncho-pneumonia	1 day
491 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
107	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Deputy Medical Examiner; Salisbury, Md. DATE SIGNED 10/15/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10-15-1951

NAME OF CEMETERY OR CREMATORY [illegible]

LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 10-15-51

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR [illegible] ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

D. Christensen

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Waters
4. DATE OF DEATH (Month) (Day) (Year) October 28 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female.	Colored		10-28-51	yrs.				25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
		Salisbury Md.	U.S.A

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME Thelma Isabelle Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Thelma Isabelle Waters Pocomoke Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature Birth - (about five months)

77LX Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
159 (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-28-, 1951, to 10-28-, 1951, that I last saw the deceased alive on 10-28-, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edward P. Smith	M.D.	Peninsula General Hospital Salisbury Md	Oct 29 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	10-29-51	Peninsula General Hospital	Salisbury Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-30-51	Mary M. Holloway	None	

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV. 21 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury.
STREET ADDRESS (If rural, give location) 603 [illegible]

3. NAME OF DECEASED (Type or Print) (First) Edgie (Middle) 7 (Last) White

4. DATE OF DEATH (Month) October (Day) 26 (Year) 1951

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 1886

9. AGE last birthday 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) James Quarter

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry White

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY No. 2[illegible]-01-9360

17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) intracerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension — sev. years

(c) generalized arteriosclerosis — sev. years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19, 1951, to Oct 26, 1951, that I last saw the deceased alive on Oct 26, 1951, and that death occurred at 8:50 p. m., from the causes and on the date stated above.

SIGNATURE Harry Mattox (Degree or title) M.D. — ADDRESS Salisbury, Md — DATE SIGNED 10/27/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Oct 30-95. — NAME OF CEMETERY OR CREMATORY James Quarter — LOCATION (City, town, or county) James Quarter (State) Md

DATE REC'D BY LOCAL REG. 10-29-51 — REGISTRAR'S SIGNATURE Clarifer Holloway — 24. FUNERAL DIRECTOR Booker McCulloh — ADDRESS

820103

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10369

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 Yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Convelesant Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 304 Light St.,

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) BURNETT (Last) WHITE

4. DATE OF DEATH: (Month) 10 (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 31, 1873

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Ship Broker

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: T.W.H. White

14. MOTHER'S MAIDEN NAME: Henreitta Malone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Tom White, Salisbury, Maryland

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-vascular Renal disease

442X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Paget's disease

131a (c) Rheumatoid arthritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 5-, to 10-16, 1951, that I last saw the deceased alive on 10-16, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE Thelma Linsley (Degree or title) ADDRESS Salisbury Md DATE SIGNED 10-17-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 10/18/51 | NAME OF CEMETERY OR CREMATORY: Allen Cemetery | LOCATION (City, town, or county) (State): Allen, Maryland

DATE REC'D BY LOCAL REG. 10-17-51 | REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR: The Hill & Johnson Co. Salisbury, Maryland ADDRESS

290-568 George C. Hill II

RECEIVED
OCT 19 1951
BUREAU V. S.

10370

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Cherry st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 115. Cherry st.

3. NAME OF DECEASED (Type or Print) (First) Virgil (Middle) Pool (Last) Wilkins
4. DATE OF DEATH (Month) Oct. (Day) 22- (Year) 51

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Dec. 21-1876
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture Repair Man
10b. KIND OF BUSINESS OR INDUSTRY (Antiquities)
11. BIRTHPLACE (State or foreign country) Delmar Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Levi J. Wilkins
14. MOTHER'S MAIDEN NAME Julia Jane Parsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Miss Lowise Wilkins (Daughter) 115. Cherry st. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	5 days.
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	4-5 yrs.
83a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to 10-22-, 1951, that I last saw the deceased alive on 10-21-51, 19....., and that death occurred at 6 30 a m., from the causes and on the date stated above.

SIGNATURE Lee L. Lowry, M.D. (Degree or title) ADDRESS Fruitland, Md. DATE SIGNED 10-22-51

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF Oct. 24-51
NAME OF CEMETERY OR CREMATORY Parsons Cem
LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REG. 10-22-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS
Walter R. Holloway

545-817

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 24 1951
BUREAU V. S.